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CONFIRMATION NO. 7407

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/808,893 | FILING DATE<br>03/25/2004<br><br>RULE | CLASS<br>340 | GROUP ART UNIT<br>2632 | ATTORNEY<br>DOCKET NO.<br>16-451 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

Richard T. Halishak, Seven Hills, OH;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/458,239 03/31/2003 E.L. 9/14/2005  
 and claims benefit of 60/469,857 05/12/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A E.L.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/05/2004

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>3 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged Edna Labbe E.L.  
 Examiner's Signature Initials

ADDRESS  
 WATTS, HOFFMANN CO., L.P.A.  
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 44114

TITLE  
 Multiple emergency vehicle alert system

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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